SOUTHEAST REGION CADET PROGRAMS ACTIVITY APPLICATION

CAP ID	UNIT CHARTER NUMBER	UNIT NAME	GROUP (If applicable)	AGE	GENDER	☐ CADET ☐ SENIOR
0	- -					

NAME (Last Name, First Name, Middle Initial)	CAP GRADE	TELEPHONE NUMBER – PRIMARY (Include area code)
, .		- - TYPE:
MAILING ADDRESS		TELEPHONE NUMBER – ALTERNATE (Include area code) - - TYPE:

CITY	STATE	ZIP CODE	APPLICANT EMAIL ADDRESS	CPPT COMPLETION DATE (FOR CADETS 18 & OLDER AND SENIOR MEMBERS ONLY)

HEIGHT (Inches)	WEIGHT (Pounds)	DATE OF BIRTH	CURRENT SCHOOL GRADE (Cadets Only)	SCHOLASTIC ACHIEVEMENT (Senior Members Only)	RELIGIOUS PREFERENCE
″	lbs		☐ PRIVATE ☐ PUBLIC	☐ High School Graduate ☐ College ☐ Post Graduate __Years Completed	

Parent/Guardian E-mail Address	Parent/Guardian Alternate Contact Phone # - - TYPE:	

ACTIVITY YOU ARE APPLYING FOR (One activity per application)
☐ SER Winter Encampment 2006-07
☐ SER Regional Cadet Leadership School, 06-07

LOCATION OF ACTIVITY YOU ARE APPLYING FOR
Ft. Benning, GA.

YOU ARE APPLYING FOR THE POSITION OF
☐ STUDENT/PARTICIPANT ☐ CADET STAFF MEMBER – SPECIFY _____
☐ SENIOR STAFF MEMBER – SPECIFY _____

STANDARD CHECK LIST
PLEASE MAKE SURE THE FOLLOWING ARE ENCLOSED ALONG WITH THIS APPLICATION
☐ ACTIVITY FEE – I have enclosed $ _____
☐ All other items as directed by the requested activity OPERATIONS ORDER

MEDICAL INFORMATION

All information MUST be completed. This section is to be completed by the applicant.

HAVE YOU HAD OR NOW HAVE ANY OF THE FOLLOWING? (If YES is answered on any item, please explain in the remarks section with dates and physician(s) consulted (if any).

☐ NO ☐ YES Are you currently taking Prescription Medications (List Below)
☐ NO ☐ YES Any injury or illness in the past 2 years (List Below)
☐ NO ☐ YES Any known allergies (List Below)
☐ NO ☐ YES Hay fever
☐ NO ☐ YES Frequent or severe headaches
☐ NO ☐ YES Stomach trouble
☐ NO ☐ YES Motion sickness
☐ NO ☐ YES Ear infections
☐ NO ☐ YES Dizziness or fainting spells
☐ NO ☐ YES Asthma
☐ NO ☐ YES Unconsciousness for any reason
☐ NO ☐ YES Eye trouble, excluding glasses
☐ NO ☐ YES Any drug or narcotic habit
☐ NO ☐ YES Chronic or recurring injuries
☐ NO ☐ YES Sugar or albumin in urine
☐ NO ☐ YES Heart trouble
☐ NO ☐ YES High or low blood pressure
☐ NO ☐ YES Chronic diseases like Diabetes or Bronchitis
☐ NO ☐ YES Severe Menstrual cramps (Female Only)
☐ NO ☐ YES Admission to hospital
☐ NO ☐ YES Attempted suicide
☐ NO ☐ YES Rupture or Groin injury
☐ NO ☐ YES Positive TB skin test
☐ NO ☐ YES Epilepsy or seizures
☐ NO ☐ YES Kidney stones or blood in urine
☐ NO ☐ YES Nervous trouble of any sort
☐ NO ☐ YES Other illness, injuries or accidents (List Below)
☐ NO ☐ YES Medical treatment within the past 5 years other than regular office visits or physicals (List Below)

Information not specifically noted above having the potential to interfere with performance during the activity should be documented in the remarks section. Some activities may require additional medical verification such as a physical exam prior to attendance. Consult current activity information or contact the activity project officer.

DESCRIBE ANY SPECIAL DIETARY NEEDS	BLOOD TYPE

REMARKS – MEDICATIONS and EXPLANATIONS (Attach additional sheet if necessary). **FULL disclosure of medical information for cadets is very important and mandatory!**

FAMILY PHYSICIAN'S NAME	FAMILY PHYSICIAN'S TELEPHONE No.	MEDICAL INSURANCE COMPANY	MEDICAL INSURANCE POLICY No.
	- -		

EMERGENCY CONTACT INFORMATION NAME (Parent, guardian or closest relative to be notified in case of emergency)	RELATIONSHIP (Ex: Mother, Uncle, etc)	TELEPHONE NUMBER – DAYTIME - - TYPE:	TELEPHONE NUMBER – EVENING - - TYPE:

RELEASE AGREEMENT

KNOWN ALL MEN BY THESE PRESENTS that I am submitting my application for this Civil Air Patrol activity, and I hereby volunteer entirely upon my own imitative, risk, and responsibility for an assignment to participate in this activity at the first available opportunity and with full knowledge that such activity MAY include:

1. Traveling by land, sea, or air in US MILITARY, commercial, or privately owned vehicles from regular place or residence to the site of the activity, travel incident to the activity, and subsequent return to place of residence.
2. Participation in aeronautical activities as a passenger or student trainee in US MILITARY, commercial, or privately owned aircraft.
3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
4. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.
5. Remaining with the cadet group I am assigned to at all times during the activity.
6. Acting as a spokesman for the Civil Air Patrol, rendering reports on the activity.
7. Refraining from argumentative discussions concerning governmental policies.
8. Physically demanding exercise and/or tasks.
9. Being ordered home or suspended from activity functions as a result of a disciplinary action as determined by the officer in charge.

In consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc/United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity or continuances thereof, as well as all ground and flight operations incident thereto.

_____ _____

SIGNATURE OF APPLICANT DATE

RELEASE BY PARENTS OR GUARDIAN

KNOWN ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity referred to on the first page of this document, in consideration of the permission extended to my child by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc/United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity or continuances thereof, as well as all ground and flight operations incident thereto.

In addition, by my signature below, I certify the applicant:

1. Is my minor child or ward.
2. Has no history or injury or disease which might be affected by this activity except those previously noted in the Medical Information section of the first page of this document and is able to participate without the physical/emotional support or others**. Also, he/she is capable of taking any prescribed medication without supervision.**
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol activity project officer or officer in charge or encampment commander. If he/she does not follow the activity rules, regulations. and directives written or verbal, he/she may be sent home at the discretion of the activity project officer or officer in charge or encampment commander at my expense.
4. Should firearms training be offered as outlined in CAPR 52-16, permission is hereby given for the applicant to participate.
5. I have read, understood, and agree to all items as outline in the Release Agreement section and Release by Parents or Guardian section. I also certify that ALL information on as part of this document is true to my knowledge.
6. Participation in aeronautical activities as a passenger or student trainee in US MILITARY, commercial, or privately-owned aircraft.

However, in case of injury, disease or other illness, permission is hereby granted to treat the applicant/participant as required, and if the applicant/participant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

REFUND POLICY – Due to prior financial obligations by third parties, the following refund policy has been established.

1. Florida Wing Activities applications must be complete and accompanied by FULL PAYMENT or the application will not be processed.
2. All out-of-state cadets must send a cashier's check or money order. NO PERSONAL CHECKS.
3. All request for refunds must be in writing and postmarked by the following dates:
   A. Cancellations 14 or more days before the scheduled activity will receive a 90% refund.
   B. Cancellations 5-13 days before the scheduled activitiy will receive a 50% refund.
   C. Cancellations 4 days or less before the scheduled activity will receive NO REFUNDS.

_____ _____ _____

SIGNATURE OF FATHER OR LEGAL GUARDIAN DATE WITNESS FOR FATHER'S SIGNATURE
(Must be signed by an adult other than parent/legal guardian)

_____ _____ _____

SIGNATURE OF MOTHER OR LEGAL GUARDIAN DATE WITNESS FOR MOTHER'S SIGNATURE
(Must be signed by an adult other than parent/legal guardian)

UNIT CERTIFICATION

To my knowledge:

1. I certify that ALL of the information on this form is complete and correct.

2. This applicant meets the activity prerequisites and is prepared to attend this activity.

3. This applicant has no history of injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.

4. This applicant will follow all rules, regulations, and directives as established by the Civil Air Patrol, the activity project officer or officer in charge or encampment commander or other staff members. If he/she does not follow the activity rules, regulations, and directives, he/she may be sent home at the discretion of the activity project officer or officer in charge or encampment commander at ***parental or unit*** expense.

5. Applicant is academically capable and attitudinally mature at a level suited to the training requested. Physically the applicant can perform CPFT at the level of their present rank, unless excused by regulation

_____ _____

SIGNATURE OF UNIT COMMANDER OR DEPUTY COMMANDER FOR CADETS DATE

_____

PRINT NAME